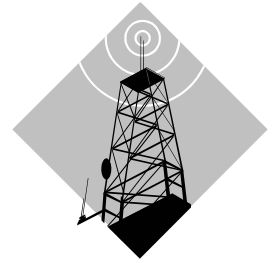


MOTOR BUS AD VALOREM TAX REPORT GENERAL INSTRUCTIONS

1. ***This report must be filed with the Comptroller of the Treasury on or before April 1, 2006.***
2. FAILURE to file a complete report will result in a **FORCED ASSESSMENT**, and the property owner may, at the discretion of the Comptroller, be liable to a penalty of \$100.00 for each and every day the owner is delinquent in filing. Tennessee Code Annotated §67-5-1317.
3. This report is subject to **AUDIT** by the Comptroller of the Treasury. Tennessee Code Annotated §67-5-1320.
4. Blank report forms are available at **<http://www.comptroller.state.tn.us/sap/advalorem.htm>**.
5. Round all dollar figures to whole dollars. Do not leave blanks. Enter "0" for none.
6. The **FEIN#** is your Federal Employer Identification Number.
7. Guide for preparing Lines 10-13: (As of 12/31/2005).

	<u>TOTAL CURRENT ASSETS</u>	<u>TOTAL CURRENT LIABILITIES</u>	<u>GROSS REVENUES</u>	<u>NET OPERATING INCOME</u>
W	Cash and Deposits	Notes Payable	Total Revenues from Bus operation.	Gross Revenues minus operating expenses not including interest expense.
J	Temporary Investments	Accounts Payable		
R	Accounts Receivable	Accrued Interest		
N	Notes Receivable	Taxes Payable		
A	Materials and Supplies	Accrued Wages, Salaries		
X	Prepaid Expenses	Customer Deposits		
E	Other current Assets	Other Current Liabilities		

8. Revenue Equipment is all equipment owned or leased in direct production of income, i.e., Buses, Vans or other revenue equipment.
9. **Line 14A**-Cost of Total System Revenue Equipment "OWNED" should be the gross original cost, before depreciation if purchased new or used.
10. **Line 14B**-Cost of Total System Revenue Equipment "LEASED" should be the gross original cost, new or used, to the lessor. If the actual cost is not available, reasonable estimates of original cost will be considered if adequate details are provided. **DO NOT** list opinion of market value.
11. **Line 15**-Report the total number of System Power Units Owned or Leased by your Bus Company. System Power Units is the number of Buses/Vans owned or leased by your Bus Company. This number should match the total for lines 1 – 8 on MB-3.
12. **Line 16**-Report the Real Property owned in the **EXACT NAME** of your Bus Company.
13. **Line 17**-Report the Real Property under construction in the **EXACT NAME** of your Bus Company.
14. **Line 18**-Report the Purchases and Sales of Real Property owned in the **EXACT NAME** of your Bus Company.
15. **Line 19**-List all Personal Property owned or leased by your Bus Company.
16. **Page MB-4**-Summarize all Carrier Operating Property owned or leased by your Bus Company.
17. **Page MB-5**-List where your Bus Company's Over-the-Road Equipment is physically located. As an alternative, you may list primary points of pickup and delivery.



STATE OF TENNESSEE

2006

AD VALOREM TAX REPORT



COMPANY NAME _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____
(PRINCIPAL OFFICE INFORMATION)

STREET _____ CITY _____ STATE _____ ZIP CODE _____
(PRINCIPAL OFFICE INFORMATION IN TENNESSEE)

PHONE NUMBER () _____ FAX NUMBER () _____

E-MAIL ADDRESS _____

MAIL TO:

COMPTROLLER OF THE TREASURY OFFICE OF STATE ASSESSED PROPERTIES

James K. Polk State Office Building
505 Deaderick Street, Suite 1700
Nashville, Tennessee 37243-0281
(615) 401-7900 FAX (615) 532-8666

osap.osap@state.tn.us

MOTOR BUS
2006 AD VALOREM TAX REPORT

1. Company Legal Name: _____

Doing Business As: _____

2. A. Business Address:

(Street) _____

(City) _____ (State) _____ (Zip Code) _____

B. Mailing Address (If different)

(Street) _____

(City) _____ (State) _____ (Zip Code) _____

C. Tennessee Primary

(Street) _____

(City) _____ (State) _____ (Zip Code) _____

3. Telephone Number: _____ Fax Number: _____

4. Company Web Site: _____

5. Direct questions about this report to:

6. Name and Address of President or Owner:

(Name & Title) _____

(Name & title) _____

(Street or P. O. Box) _____

(Street or P. O. Box) _____

(City) _____ (State) _____ (Zip Code) _____

(City) _____ (State) _____ (Zip code) _____

(Telephone #) _____ (Fax #) _____

(Telephone #) _____ (Fax #) _____

7. Is your company a common/contract carrier for hire? YES NO

8. Motor Carrier authority: USDOT# _____ ICC# OR FHWA# _____

9. Total miles for all over-the-road vehicles operated during the year ended December 31, 2005:

A. Tennessee Only _____ B. Total System including TN _____

10. Total Current Assets \$ _____ (DO NOT INCLUDE COST OF BUSES & VANS)

11. Total Current Liabilities \$ _____ (DO NOT INCLUDE COST OF BUSES & VANS)

SYSTEM

12. Gross Revenues \$ _____ 13. Net Operating Income \$ _____

14. Total System Revenue Equipment Cost: (As of 12/31/2005) 15. Total Number of System Power Units. _____

A. Owned \$ _____

(All Buses or Vans used as of 12/31/2005)

B. Leased \$ _____

- | Physical Address of the Property | County Name | City (If Inside City Limits) | Original Cost |
|----------------------------------|-------------|------------------------------|---------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

- | <u>Physical Address of the Property</u> | <u>Completion Date</u> | <u>County Name</u> | <u>City</u> (If Inside City Limits) | <u>Original Cost</u> |
|-----------------------------------------|------------------------|--------------------|-------------------------------------|----------------------|
| | | | | \$ |
| | | | | \$ |

- | <u>Physical Address of the Property</u> | <u>Bought/Sold</u> | <u>County Name</u> | <u>City</u> <small>(If Inside City Limits)</small> | <u>Original Cost</u> |
|-----------------------------------------|--------------------|--------------------|----------------------------------------------------|----------------------|
| | | | | \$ |
| | | | | \$ |

- [illegible]

CARRIER OPERATING PROPERTY – SUMMARY

Submit below the **new cost** (gross original cost before depreciation) for property and equipment purchased or acquired new or the **used cost** (cost when acquired) for carrier property and equipment used or held for use in carrier operation at the beginning and close of 2005.

Include under Revenue Equipment (Leased) all equipment leased by carrier or otherwise controlled and operated under carrier's Federal Highway Authority, former I.C.C. or State Authority, as of December 31, 2005

***ESTIMATE PURCHASE PRICE IF ACTUAL COST IS NOT AVAILABLE.**

			ALL STATES				TENNESSEE ONLY	
Type of Property	Number of Items	Balance at Beginning of Year	Additions During Year	Retirements During Year	Number of Items	Balance at Close of Year	Balance at Close of Year	
<u>Revenue Equipment(Owned)</u>								
1. Passenger Bus		\$	\$	\$		\$	\$	
2. Mini Passenger Bus								
3. Van								
4. Other Revenue Equipment								
TOTAL		\$	\$	\$		\$	\$	
<u>Revenue Equipment (Leased or Used)</u>								
5. *Passenger Bus		\$	\$	\$		\$		
6. *Mini Passenger Bus								
7. *Van								
8. *Other Revenue Equipment								
TOTAL		\$	\$	\$		\$	\$	
<u>Personal Property (Owned, Leased or Used)</u>								
9. Furniture & Fixtures		\$	\$	\$		\$	\$	
10. Computer & Other Office Equip.								
11. Tools								
12. Repair Parts								
13. Shop & Garage Equipment								
14. Miscellaneous Equipment								
15. Non-Revenue Equipment								
16. Other: _____								
TOTAL		\$	\$	\$		\$	\$	
<u>Real Property Owned in the Exact Legal Name of Your Bus Company in "TENNESSEE ONLY"</u>								
17. Land & Land Rights		\$	\$	\$		\$		
18. Structures								
19. Construction in Progress								
20. Leasehold Improvements								
TOTAL		\$	\$	\$		\$		

Please indicate the physical location in Tennessee of all buses or vans when not traveling over the road. As an alternative, you may report major points of pickup and delivery. If the buses or vans are located outside any city limits, enter the name of the county only. If located inside a city limit please indicate both the county and city names. Provide the names of all Tennessee owner/operators providing motor carrier services under your authority in the column provided.

CT-0395(Revised1/04)

DATE: _____

I, _____, being the OWNER, PRESIDENT, SECRETARY,
AND /OR PARTNER OF _____, do hereby swear and affirm
that the foregoing Ad Valorem Tax Report for the year two thousand six has been prepared from
only the original books, papers, and records of said respondent under my direction in
accordance with Tennessee Code Annotated, §67-5-1316, and is true and correct to the best of
my knowledge and belief.

NAME

OFFICIAL CAPACITY